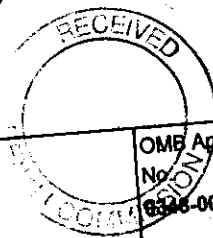


# FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted  Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 6326-0038	Page of 1 1 pages
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3. Recipient Organization (Name and complete address, including ZIP code)

Village of Atmautluak  
PO Box 6568, Atmautluak, Alaska 99559

4. Employer Identification Number  
92-0073010

5. Recipient Account Number or Identifying Number

6. Final Report  
☐ Yes ☒ No

7. Basis  
☒ Cash ☐ Accrual

8. Funding/Grant Period (See instructions)  
From: (Month, Day, Year)  
12/13/2006

To: (Month, Day, Year)  
12/31/2007

9. Period Covered by this Report  
From: (Month, Day, Year)  
7/1/2007

To: (Month, Day, Year)  
9/30/2007

10. Transactions:

	I Previously Reported	II This Period	III Cumulative
a. Total outlays	5,013.50	5,334.17	10,347.67
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	5,013.50	5,334.17	10,347.67
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			10,347.67
g. Total Federal share(Sum of lines c and f)			26,690.00
h. Total Federal funds authorized for this funding period			16,342.33
i. Unobligated balance of Federal funds(Line h minus line g)			

11. Indirect Expense

a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed	d. Total Amount	e. Federal Share
b. Rate	c. Base	

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title

Daniel A. Waska, Vice President

Signature of Authorized Certifying Official

*Daniel A. Waska*

Telephone (Area code, number and extension)

(907) 553-5610

Date Report Submitted

November 6, 2007

ACCEPTED

NSN 7540-01-218-4387

269-202

Standard Form 278A (Rev. 7-97)  
Prescribed by OMB Circulars 4-102 and A-110

